PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR	Attorney Docket Number		GKNG 1267 PCT		
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor		IESTOR REKALDE ARRIETA, ET AL.		
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number		/ APPLIED FOR		
Declaration Declaration	Filing Date	HEREV	VITH		
Submitted OR Submitted after Initial with Initial	Group Art Unit	····			
Filing (37 CFR 1.16 (e)) required)	Examiner Name				

As a below named inventor, I he	reby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
OUTER JOINT PART WITH SU	PPORTING DISC		•				
·							
the specification of which	(Title of t	he Invention)					
is attached hereto							
OR							
was filed on (MM/DD/YYYY)		as United St	ates Application I	Number or PCT International			
Application Number	and was a	amended on (MM/DD/YY	YY)	(if applicable).			
I hereby state that I have reviewed amended by any amendment spec	and understand the co	ntents of the above ident e.	ified specification	, including the claims, as			
I acknowledge the duty to disclose	information which is ma	aterial to patentability as	defined in 37 CFF	R 1.56, including for continuation-			
in-part applications, material inform PCT international filing date of the	continuation-in-part app	olication.					
I hereby claim foreign priority bene or plant breeder's rights certificate	o(e) or 365(a) of any F	PCT international applica	ition which desigi	nated at least one country other			
than the United States of America	a, listed below and hav 's rights certificate(s), c	woled belittebl ozla av	by checking the	box, any loreign application for the			
application on which priority is clair	med.	Foreign Filing Date	Priority	Certified Copy Attached?			
Prior Foreign Application Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO			
PCT/EP 2004/011010	EPO	10/02/2004					
03024355.4	Europe	10/24/2003					
Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/02B attached hereto:			

DECLARATION — Utility or Design Patent Application

		_						
Direct all correspondence to: Customer Nu or Bar Code		02725	56	OR	₽ 00	orrespondence add	dress below	
ROBERT P. RENKE ARTZ & ARTZ, P.C. Name								
28333 TELEGRAPH ROAD SUITE 250 Address								
SOUTHFIELD City			State	MI e		ZIP 48034		
U.S.A. Country	Telepi	248-223- hone	9500			248-223-9 Fax	9522	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR:		A petition h	as be	en filed fo	or this un	signed invento	r	
Given Name NESTOR RE (first and middle [if any])	EKALDI	E		ily Name urname	.	ARRIETA		
Inventor's Signature			-			Date		
GIPUZKOA Residence: City		State		SPAIN Country		Citizenship	SPANISH	
PLAZA SAN LUIS GONZAGA NO HERRERA-SAN SEBASTIAN Mailing Address). 7 4ºC	;						
GIPUZKOA City		State		ZIP E	-20017	Country	SPAIN	
NAME OF SECOND INVENTOR:		A petition has	bee	n filed for	this unsi	gned inventor		
Given Name JOSEE (first and middle [if any])	ЗА			ly Name ırname	,	ROMATET		
Inventor's Signature						Date		
ZUMAIA Residence: City	Si	tate		SPAI Country	N	Citizenship	SPANISH	
IZUSTARRI, NO. 1,2-A Mailing Address								
ZUMAIA	s	tate		E-20 ZIP	0750	Country	SPAIN	
Additional inventors are being named on the _1_supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3				
			Plant Constitution		inventor	
Name of Additional Joint Inventor, if any		A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any)	<u> </u>	Family Name or	Surname			
JULIAN	· · · · · · · · · · · · · · · · · · ·	ARRILLAGA	<u> </u>			
Inventor's Signature				Date		
SAN SEBASTIAN Residence: City	State	SPA Col	in untry	SPANIS Citize		
ZUBIETA 3 5STAGE						
Mailing Address	-			r		
SAN SEBASTIAN			E-20007	SPAIN		
City	State		Zip	Count	ry	
Name of Additional Joint Inventor, if any	<i>y</i> :	A petition	has been filed for this ur	nsigned	inventor	
Given Name (first and middle (if any)))	Family Name or Surname				
Inventor's Signature				Date		
	State		Country		Citizenship	
Residence: City	State		- Oddinay			
Mailing Address			····			
City	State		Zip	Count	ry	
Name of Additional Joint Inventor, if any	y:	A petition	has been filed for this u	nsigned	inventor	
Given Name (first and middle (if any))		Family Name or Surname				
Inventor's Signature				Date		
Residence: City	State		Country		Citizenship	
	1 2000				•	
Mailing Address			1			
C:hu	State		Zin	Count	rv	

City State Zip Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	NESTOR REKALDE ARRIETA, ET AL.
. Title	OUTER JOINT PART WITH SUPPORTING DISC
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1267 PCT

I hereby revoke all	previous powers of attorney give	en in the above-identifie	d application.				
I hereby appoint:							
	ssociated with the Customer Number: 027256						
OR 							
Practitioner(s) na	amed below:						
	Name		Registration Number				
							
as my/our attorney(s) or Trademark Office conne	r agent(s) to prosecute the application i	dentified above, and to transac	ct all business in the United States Patent and				

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Telephone		Fax					
I am the: Applicant/Invel	ntor.						
Assignee of re	ecord of the entire interest. See 37 CFR der 37 CFR 3.73(b) is enclosed. (Form I	3.71. PTO/SB/96)					
		Applicant or Assignee of Rec	cord				
Signature	JOSEBA ROMATET		Date				
Name			Telephone				
Title and Company							
NOTE: Signatures of all the signature is required, see b	e inventors or assignees of record of the enti- below*.	re interest or their representative(s)	are required. Submit multiple forms if more than one				
*Total of 3	forms are submitted.						

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Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	NESTOR REKALDE ARRIETA, ET AL.
Title	OUTER JOINT PART WITH SUPPORTING DISC
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1267 PCT

I hereby revoke a	previo	ous powers of attorney giv	en in the abo	ve-ide	entified applic	ation.		
I hereby appoint:	··	· · · · · · · · · · · · · · · · · · ·						
	sociated	with the Customer Number:		027	256			
OR		_						
Practitioner(s) n	amed be	low:						
		Name			Registra	tion Numb	er	
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as my/our attorney(s) Trademark Office cont	or agent(nected th	s) to prosecute the application in erewith.	dentified above,	and to t	ransact all busir	ness in the	United States Patent and	
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I am the: Applicant/Inv	entor.							
		the entire interest. See 37 CFR						
Statement un	der 37 C	FR 3.73(b) is enclosed. (Form F	2TO/SB/96)					
•		SIGNATURE of A	Applicant or As	signee	of Record			
Signature	NESTO	R REKALDE ARRIETA				Date	_	
Name						Telephone		
Title and Company	l						. Water facing if many than an	
NOTE: Signatures of all to signature is required, see	ne invento below*.	rs or assignees of record of the entire	e interest or their r	epresent	ative(s) are require	ea. Submit n	nultiple forms if more than on	
*Total of 3		forms are submitted						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	NESTOR REKALDE ARRIETA, ET AL.
Title	OUTER JOINT PART WITH SUPPORTING DISC
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1267 PCT

I hereby revoke a	Il previo	us powers of attorney gi	ven in the ab	ove-ide	entified applic	ation.	
I hereby appoint:	-						
	sociated with the Customer Number: 027256						
OR		'					
Practitioner(s)	named bel	low:				•	
		Name			Registrat	ion Number	
as my/our attorney(s) Trademark Office con	or agent(s	s) to prosecute the application erewith.	identified above	, and to t	ransact all busin	ess in the United	States Patent and
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		ed with the above-mentioned C					
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The address OR	associate	ed with Customer Number:					
Firm or Individual	Name						
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City				State		Zip	
Country							
Telephone				Fax			
I am the: Applicant/Inv	entor.						
Assignee of a Statement ur	ecord of today	he entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form	(3.71, <i>PTO/SB/</i> 96)				
		SIGNATURE of	Applicant or A	ssignee	of Record		
Signature	JULIAN .	ARRILLAGA				Date	
Name						Telephone	
Title and Company							
NOTE: Signatures of all t signature is required, see		s or assignees of record of the enti	re interest or their	represent	ative(s) are require	d. Submit multiple fo	orms if more than one
*Total of 3	f	forms are submitted.					

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